PATENT	APPLICATION I	EE DETERMIN	ATION RECORD
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Effective December 29, 1999

Application or Docket Number

09/487361

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY					
FOR			NUMB	ER FILED		NUMBER EXTRA			Γ	RATE	FEE	1	RATE	FEE
BASIC FEE					i.		345.00	OR		690.00				
TC	OTAL CLAIMS			3 minus	20≃	* Ø				X\$ 9=		OR	X\$18=	P
INE	DEPENDENT CI	AIMS	/	/ minus	3 =	· Ø			r	X39=			X78=	
MULTIPLE DEPENDENT CLAIM PRESENT					┟			OR						
* If the difference in column 1 is less than zero, enter "0" in column 2					L	+130=		OR	+260=	1				
CLAIMS AS AMENDED - PART II							TOTAL		OR	TOTAL	640			
		(Coli	umn 1)			Column 2)	(Coli	umn 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR		SENT TRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDI	Total	<u>٠</u>	21	Minus	**	20	=			X\$ 9=	9	OR	X\$18=	
AMI	Independent FIRST PRESE	*	2	Minus	***	<u>ح</u>	=			X39=		OR	X78=	
	TINOTTRESE	INTATIC	IN OF MI	JETIPLE DEF	ENL	JENI CLAIM				+130=		OR	+260=	
									AΓ	TOTAL DDIT, FEE	٤	OR	TOTAL ADDIT. FEE	
_			<u>ımn 1)</u>	Charles Son of Committee Control		Column 2)	(Colu	ımn 3)						
AMENDMENT B		REM.	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR		SENT TRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N	Total	*		Minus	**		=			X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	* NTATIC	N OF M	Minus	***		=			X39=		OR	X78=	
		, TIATIC	71 O1 W	JEHIPLE DEF	CIND	ZENT CLANVI	=			+130=		OR	+260=	
									L _ ΔΓ	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
-,			ımn 1)			olumn 2)	(Colu	<u>ımn 3)</u>	,,,,					
AMENDMENT C	Supp	REM/	AIMS AINING TER DMENT		1 PR	HIGHEST NUMBER REVIOUSLY PAID FOR		SENT TRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 0/2	3,	Minus	**	2/	= 4	4		X\$ 9=	36	OR	X\$18=	
AM	Independent FIRST PRESE	*	<u>う</u>	Minus	***	3	=	\mathcal{D}		X39=		OR	X78=	
	FIRST PRESE	MIMIC	IN OF MI	JETTPLE DEF	END	ENI CLAIM				120-			1360	
•	f the entry in colur	nn 1 is le	ess than th	ne entry in colu	mn 2,	write "0" in col	umn 3		L	+130= TOTAL	1000	9 ^R	+260= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09/487361
	7

Total Fee Calculation

Total ree Calculation										
	Fee Code	Total # Claims	Number Extra X	Fce	Fee -	Total				
	Sm./Lg.			Sm. Entity	Lg Entity					
Basic Filing Fee	201(01)				690 .	690				
Total Claims >20	203/103	3 -20 -	<u>Ø</u> x		<u> </u>					
Independent Claims >3	202/102		<u>Ø</u> x			· ·				
Mult. Dep Claim Present	204/104			· · · · · · · · · · · · · · · · · · ·	3					
Surcharge	205005				130 -	130				
English Translation	139									
TOTAL FEE CALCULA	ATION					820				
Fees due upon filing t	he application.									
Total Filing Fees Due	= \$	820								
Less Filing Fees Subm	nined - S									
BALANCE DUE	= 5	820								
M. Swi	Examination				tu r					

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)